

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)			D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																				
GRANTEE ORGANIZATION			E DEPOSITOR ACCOUNT NUMBER																				
ADDRESS (street, route, P.O. Box, APO/FPO) 123 MAIN STREET			<table border="1"> <tr> <td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			9	9	9	9	9	9	9	9										
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CITY METROPOLIS	STATE XX	ZIP CODE 99999	F TYPE OF PAYMENT (Check only one)																				
TELEPHONE NUMBER AREA CODE 555-555-5555			<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> VA Compensation or Pension																				
B NAME OF PERSON(S) ENTITLED TO PAYMENT GRANTEE ORGANIZATION			<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Mil. Survivor _____ <input checked="" type="checkbox"/> Other <u>Federal Reimbursement</u> <i>(specify)</i>																				
C CLAIM OR PAYROLL ID NUMBER TAX ID NUMBER			G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)																				
Prefix _____ Suffix _____			<table border="1"> <tr> <td>TYPE</td> <td>AMOUNT</td> </tr> </table>			TYPE	AMOUNT																
TYPE	AMOUNT																						
PAYEE/JOINT PAYEE CERTIFICATION			JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)																				
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.			I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																				
SIGNATURE GRANTEE SIGNATURE		DATE 01/01/2010	SIGNATURE		DATE																		
SIGNATURE		DATE	SIGNATURE		DATE																		

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME US DEPARTMENT OF THE INTERIOR NATIONAL PARK SERVICE	GOVERNMENT AGENCY ADDRESS ACCOUNTING OPERATIONS CENTER GRANTS SECTION - P.O. BOX 100000 HERNDON, VA 20171-9998
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION BANK NAME BANK ADDRESS		ROUTING NUMBER <div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>		CHECK DIGIT
		DEPOSITOR ACCOUNT TITLE GRANTEE'S CHECKING ACCOUNT NAME *EXACTLY AS IT APPEARS ON STATEMENTS		
<p align="center">FINANCIAL INSTITUTION CERTIFICATION</p> <p>I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.</p>				
PRINT OR TYPE REPRESENTATIVE'S NAME REP'S NAME, TITLE	SIGNATURE OF REPRESENTATIVE REP'S SIGNATURE	TELEPHONE NUMBER 555-555-5555	DATE 01/01/2010	

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-058-0224

GOVERNMENT AGENCY COPY

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